

VPP FILE CHECKLIST

In Voluntary Placement/Foster Care Program

OUT OF HOME PLACEMENT

CLIENT'S NAME	CLIENT'S ID NUMBER	CURRENT DATE
Date child/youth went into placement outside home:	CURRENT AGE	INITIAL OF REVIEWER
WRITTEN DOCUMENTATION		
<p>Section A. VPP Program Eligibility</p> <div style="display: flex; justify-content: space-between;"> COMPLETED WHERE LOCATED: </div> <div style="margin-top: 10px;"> <input type="checkbox"/> 1. DDD eligibility statement _____ <input type="checkbox"/> 2. Staffing notes between SW/CRM/team noting _____ Identify when and why _____ How all other DDD services offered/given _____ <input type="checkbox"/> 3. Signed Voluntary Placement Agreement _____ <input type="checkbox"/> 4. Copy of foster parent contract _____ <input type="checkbox"/> 5. Foster Care Specialized Support (DSHS 14-422) _____ <input type="checkbox"/> 6. Foster Care Serious Need Request (DSHS 14-424) _____ <input type="checkbox"/> 7. Specialized Support Documentation (DSHS 10-245) _____ <input type="checkbox"/> 8. SSI representative payee notification and award letter _____ <input type="checkbox"/> 9. CAP referral _____ <input type="checkbox"/> 10. Activation of medical coupon with FCMU _____ <input type="checkbox"/> 11. Other _____ <input type="checkbox"/> 12. Other _____ </div>		
<p>Section B. Casework (Written Documentation)</p> <div style="display: flex; justify-content: space-between;"> COMPLETED WHERE LOCATED: </div> <div style="margin-top: 10px;"> <input type="checkbox"/> 1. Add/change name and information into CCDB and VPP database _____ <input type="checkbox"/> 2. ISP _____ <input type="checkbox"/> 3. IEP from local special education program _____ <input type="checkbox"/> 4. Future and transition planning _____ <input type="checkbox"/> 5. When child/youth turns 18 _____ <input type="checkbox"/> 6. When youth turns 21 _____ <input type="checkbox"/> 7. Case notes _____ <input type="checkbox"/> 8. 90 day documentation _____ <input type="checkbox"/> 9. Shared Parenting Plan _____ <input type="checkbox"/> 10. Other _____ <input type="checkbox"/> 11. Other _____ </div>		
<p>Section C. Legal/Court Work</p> <div style="display: flex; justify-content: space-between;"> COMPLETED WHERE LOCATED: </div> <div style="margin-top: 10px;"> <input type="checkbox"/> 1. Petition for Review of Continued Out-of-Home Care (Child with Disabilities) (DSHS 09-892) <input type="checkbox"/> 2. Order Approving Continued Out-of-Home Care (Developmentally Disabled Child) (DSHS 09-892) <input type="checkbox"/> 3. Permanency Planning Findings and Order (Developmentally Disabled Child) (DSHS 09-876) <input type="checkbox"/> 4. Correspondence related to VPP <input type="checkbox"/> 5. Order for dependency guardianship _____ <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Other _____ </div>		
Review every 90 days: a) When filing 90 day visitation form; and b) When circumstances change.		
DATE	DATE	DATE